IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

e application of: Yury Shapiro, et al.

Attorney Docket No.: IDTXP026

pplication No.: 09/637,063

Examiner: Unknown

Filed: August 11, 2000

Group: 2721

Title: FINGERPRINT IMAGING DEVICE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on September 9, 2003 in an envelope addressed to the Compositioner for Patents, P.O. Box 1450

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Simed.

alerie Olsen

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT 37 CFR §§1.56 AND 1.97(b)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants submit the references listed on the attached form PTO-1449, copies of which are enclosed.

This statement is believed to be filed before the mailing date of a first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Supplemental Information Disclosure Statement. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 500388 (Order No. IDTXP026).

Dated:

9/4/03

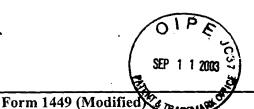
Respectfully submitted.

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Supplemental Information Disclosure Statement By Applicant

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Application No.:

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Applicant: Yury Shaprio, et al.

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(Use Several Sheets if Necessary)

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U.S. Patent Documents

Examiner			T			Sub-	Filing
Initial	No.	Patent No.	Date	Patentee	Class	class	Date
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	В	5,650,842	07/1997	Maase			
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Foreign Patent or Published Foreign Patent Application

Examiner		Document	Publication	Country or		Sub-	Translation	
Initial	No.	No.	Date	Patent Office	Class	class	Yes	No
	J					1		}
	K					1	1	
	L							
	M							
	N							

Other Documents

Examiner					
Initial	No.	Author, Title, Date, Place (e.g. Journal) of Publication			
	0				
	P				
	Q				
Examiner		Date Considered			

Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.